



Work History for Incoming CWC Request

Claimant Information:

Last Name:

First Name:

MI:

ID or SSN:

(Este es un documento importante. Si usted necesita un intérprete, póngase en contacto con su oficina local.)

In order to complete the transfer of your wages to the state of _____, please complete this form with your entire work history since _____. Please **use additional sheets** if needed. If you have any questions, call your Illinois Department of Employment Security Reporting Office and ask for a Combined Wage Representative.

Please complete and return this form to your Illinois Department of Employment Security Reporting Office as instructed.

Employer 1				
Employer Name:				
Address 1:		Address 2: (Apt., Floor, Suite, etc.)		
City:	State:	Zip Code:	+	
Start Date:	Last Day Worked:	Number of Actual Days Worked:		
State Where Work Was Performed:		Reason for Leaving (<i>Check One Below</i>)		
Laid Off/Lack of Work	Discharge	Voluntary Leave	Labor Dispute	Retirement
Employer 2				
Employer Name:				
Address 1:		Address 2: (Apt., Floor, Suite, etc.)		
City:	State:	Zip Code:	+	
Start Date:	Last Day Worked:	Number of Actual Days Worked:		
State Where Work Was Performed:		Reason for Leaving (<i>Check One Below</i>)		
Laid Off/Lack of Work	Discharge	Voluntary Leave	Labor Dispute	Retirement
Employer 3				
Employer Name:				
Address 1:		Address 2: (Apt., Floor, Suite, etc.)		
City:	State:	Zip Code:	+	
Start Date:	Last Day Worked:	Number of Actual Days Worked:		
State Where Work Was Performed:		Reason for Leaving (<i>Check One Below</i>)		
Laid Off/Lack of Work	Discharge	Voluntary Leave	Labor Dispute	Retirement
Employer 4				
Employer Name:				
Address 1:		Address 2: (Apt., Floor, Suite, etc.)		
City:	State:	Zip Code:	+	
Start Date:	Last Day Worked:	Number of Actual Days Worked:		
State Where Work Was Performed:		Reason for Leaving (<i>Check One Below</i>)		
Laid Off/Lack of Work	Discharge	Voluntary Leave	Labor Dispute	Retirement